

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4636HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2011
NAME OF PROVIDER OR SUPPLIER SONOMA HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 330 E WARM SPRINGS SUITE A-18 LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a abbreviated focused State Relicensure Survey conducted at your agency on 5/12/11, in accordance with Nevada Administrative Code, Chapter 449 Home Health Agencies.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The agency's census was 11. Three patient files were reviewed. One home visit was conducted. Six employee files were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	H 00		
H141	<p>449.779 Professional Advisory Group</p> <p>2. The professional advisory group must include at least one member who is a practicing physician, one professional registered nurse, representatives from other professional disciplines as indicated by the scope of the agency's program and two members who are representatives of the general public served by the agency. At least one member of the advisory group may not be an owner or employee of the agency. The administrator or his designee shall attend all meetings of the advisory group.</p> <p>This Regulation is not met as evidenced by: Based on document review and staff interview,</p>	H141		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H141	Continued From page 1 the agency failed to include some of the required personnel on the professional advisory group. The scope of the agency's program included physical therapy and medical social work. The professional advisory group did not include a physical therapist or social worker. The group also had only one member of the general public as opposed to the required two. Scope : 2 Severity : 2	H141			
H149	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 3. The orientation of all health personnel to the policies and objectives of the agency, training while on the job, and contributing education; This Regulation is not met as evidenced by: Based on employee record review and staff interview, the agency failed to provide orientation to 2 of 6 employees (Employee #4 and #5). Administrative staff interviewed stated they did not provide orientation to the two employees because they were only contractors. Scope : 2 Severity : 2	H149			
H151	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification,	H151			

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H151	Continued From page 2 responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 5. Job descriptions for each category of personnel which are specific and include the type of activity each may carry out; This Regulation is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to include a job description in the personnel file for 2 of 6 employees (Employee #4 and #5). Review of personnel files revealed that Employee #4 and #5 did not have signed copies of job descriptions. Administrative staff interviewed stated they did not give the two employees job descriptions because they were only contractors. Scope : 2 Severity : 1	H151			
H152	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility. 1. Except as otherwise provided in	H152			

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H152	Continued From page 3 subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188 < http://www.leg.state.nv.us/NRS/NRS-449.html >; (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c). 2. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the Central Repository for Nevada Records of Criminal History within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS	H152			

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H152	<p>Continued From page 4</p> <p>449.188 <http://www.leg.state.nv.us/NRS/NRS-449.html>.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.</p> <p>4. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 <http://www.leg.state.nv.us/NRS/NRS-449.html> and immediately inform the Health Division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime.</p> <p>5. The Central Repository for Nevada Records of Criminal History may impose a fee</p>	H152			

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H152	Continued From page 5 upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the Central Repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. (Added to NRS by 1997, 442; A 1999, 1946 < http://www.leg.state.nv.us/Statutes/70th/Stats199912.html >; 2005, 2170 < http://www.leg.state.nv.us/Statutes/73rd/Stats200521.html >) Based on record review and staff interview, the agency failed to have 2 of 6 employees (Employee #4 and #5) sign acknowledgments of receiving personnel policies. Administrative staff stated policies were not provided to the two employees because they were only contractors. Based on record review and staff interview, the agency failed to have 6 of 6 employees sign an affidavit of felony conviction as required by statute (Employee #1 - #6). Scope: 2 Severity: 2	H152			
H188	449.797 Contents of Clinical Records Clinical records must contain: 5. A copy of: (a) The patient's durable power of attorney for health care, if the patient has executed such a power of attorney pursuant to NRS 449.800 to 449.860, inclusive; (NRS 449.800 to 449.860 repealed in 2009, referenced now at NRS	H188			

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H188	<p>Continued From page 6</p> <p>162A.700 to 162A.860) and (b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant to NRS 449.600.</p> <p>This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to have a copy of the patient's durable power of attorney for health care and/or advanced directives documentation in the patient's record for 3 of 3 patient records reviewed (Patients #1 - #3).</p> <p>Patient file review revealed that each patient had signed service agreements before their start of care. The contracts had a section titled "Medical Power of Attorney" with five options to mark to choose from:</p> <ol style="list-style-type: none"> 1. I have not executed an Advanced Directive. 2. I have executed an Advanced Directive. 3. Directive to physician and Family or Surrogates (Living Will). 4. Medical Power of Attorney (Durable Power of Attorney for Health Care). 5. Out-of-Hospital Do Not Resuscitate Order. <p>Three of 3 patient files reviewed did not have any options marked off. None of the files contained copies of durable power of attorney for health care and/or advanced directives. Administrative staff interviewed did not know if the patients had been asked to provide a copy if they had one.</p> <p>Scope : 3 Severity : 2</p>	H188			

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